| AMENDMENT TRANSMITTAL LETTER  |  |  |  |   | Docket No.<br>ALXN-P01-102 |
|---|--|--|--|---|----------------------------|
| Application No.<br>10/655,861   |  | Filing Date<br>September 5, 2003   |  | Examiner<br>P. Gambel   | Art Un                     |
|   |  | September 5, 2003  |  | P. Gambei   | 1644                       |
| plicant(s): War   | ng et al.  |  |  |   |                            |
|   | OD OF TREAT<br>ONENT C5  | MENT OF AS   | THMA USING   | ANTIBODIES TO   | COMPLEMENT                 |
|   | т  | THE COMMI  | SSIONER FO   | OR PATENTS  |                            |
| ransmitted here   | with is an ame   | ndment in the  | above-identif  | ied application.  |                            |
| he fee has beer   | n calculated an  | d is transmitte  | d as shown b   | elow.   |                            |
|   |  |  | S AS AMEN  | DED   |                            |
|   | Claims<br>Remaining<br>After<br>Amendment  | Highest<br>Number<br>Previously<br>Paid  | Number<br>Extra Claims<br>Present  | Rate  |                            |
| Total Claims  | 77   | - 127 =  | 0  | x 52.00   | 0.00                       |
| Independent<br>Claims   | 11   | - 17 =   | 0  | x 220.00  | 0.00                       |
|   |  |  |  |   |                            |
| Multiple Depend   | dent Claims (ch  | eck if applicabl   | e)   |   |                            |
| Multiple Depend   |  |  | <u>,                                    </u>                                     |   |                            |
|   |  | eck if applicabl   | <u>,                                    </u>                                     |   | 180.00                     |
| Multiple Depend   | se specify):   | Supplemental ID  | S Statement  |   | 180.00<br>180.00           |
| Multiple Depend   | se specify):   | Supplemental ID  | S Statement  | Small Entity  |                            |
| Multiple Depend Other fee (pleas TOTAL ADDIT x Large Entity   | se specify):   | Supplemental ID  | S Statement  | Small Entity  |                            |
| Multiple Depend Other fee (pleas TOTAL ADDIT  x Large Entity  No additiona  | IONAL FEE FO   | Supplemental ID  OR THIS AME  ed for this ame  | S Statement  NDMENT:   |   | 180.00                     |
| Multiple Depend Other fee (pleas TOTAL ADDIT  x Large Entity No additiona x Please char   | IONAL FEE FO   | Supplemental ID  OR THIS AME  and for this amelecount No.  | S Statement  NDMENT:  Indment.  18-1945 ii                                       | n the amount of \$  | 180.00                     |
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| Other fee (pleas  TOTAL ADDIT  X Large Entity  No additiona  X Please chan  A check in ti  Payment by  X The Director   | IONAL FEE FO<br>all fee is require<br>ge Deposit Acche amount of \$<br>credit card. For  | Supplemental ID  OR THIS AME  and for this american No   | S Statement  NDMENT:  Indment.  18-1945 in  to cover to sattached.               | n the amount of \$  | 180.00                     |
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